



Akron Zoological Park, 500 Edgewood Avenue, Akron, OH 44307-2199

APPLICATION FOR EMPLOYMENT

As an EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER, Akron Zoological Park does not discriminate against applicants or employees because of their age, race, color, religion, national origin, sex or on any other basis prohibited by law. Furthermore, Akron Zoological Park will not discriminate against any applicant or employee because he or she is mentally or physically handicapped, a disabled veteran, a veteran of the Vietnam era, or has a non-job related medical condition, provided he or she is qualified and meets the requirements established by Akron Zoological Park for the job.

PLEASE PRINT OR TYPE

NAME	(Last)	(First)	(Middle)
CURRENT ADDRESS	(Street)	(City)	(State) (Zip) PHONE NUMBER
PREVIOUS ADDRESS <small>(within past 10 years)</small>	(Street)	(City)	(State) (Zip) HOW LONG?
EMAIL ADDRESS:			

POSITION APPLIED FOR	SALARY EXPECTED
TYPE OF POSITION DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> TEMPORARY <input type="checkbox"/> OTHER	

HAVE YOU EVER WORKED FOR THE AKRON ZOO? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?
HAVE YOU EVER APPLIED TO THE AKRON ZOO? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?
HOW WERE YOU REFERRED TO THE AKRON ZOO?	
IF YOU ARE NOT A U.S. CITIZEN, DO YOU HAVE A VISA WHICH PERMITS YOU TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, WHAT KIND OF VISA?	VISA REGISTRATION NUMBER EXPIRATION DATE

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST FIVE YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN	(Where) (When) (Charge) (Sentence)
<small>(Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness relative to the job for which you are applying.)</small>	

RECORD OF EDUCATION

Name and address of school:	Highest Grade Completed	Graduated?	Type of degree/ diploma	Major/Minor Fields Of Study
HIGH SCHOOL (Last attended)	Do not complete this box.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGES/ UNIVERSITIES		<input type="checkbox"/> YES <input type="checkbox"/> NO		
GRADUATE SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER (Business, technical, secretarial, etc.)		<input type="checkbox"/> YES <input type="checkbox"/> NO		

DO YOU BELONG TO AN ORGANIZATION OR PROFESSIONAL SOCIETY WHICH HAS A BEARING UPON YOUR QUALIFICATIONS FOR THE JOB YOU ARE SEEKING? YES NO
 IF SO, PLEASE DESCRIBE:

DO YOU HAVE ANY HOBBIES, INTERESTS, SPECIAL SKILLS OR ABILITIES WHICH RELATE TO THE JOB YOU ARE SEEKING? PLEASE DESCRIBE:

IF THE POSITION FOR WHICH YOU ARE APPLYING REQUIRES THE OPERATION OF A MOTOR VEHICLE, DO YOU POSSESS A VALID CURRENT DRIVERS LICENSE? YES NO

DRIVERS LICENSE NUMBER AND STATE: _____

MILITARY SERVICE RECORD

HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES OF THE U.S.? YES NO
 IF YES, DID YOU DEVELOP ANY SPECIAL SKILLS OR ABILITIES WHICH RELATE TO THE JOB YOU ARE SEEKING? PLEASE DESCRIBE:

EMPLOYMENT EXPERIENCE

<p>1. NAME AND ADDRESS OF EMPLOYER</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>PHONE () _____</p> <p>MAY WE CONTACT THE EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>STARTING POSTION: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p> <p>STARTING DATE: _____</p> <p>STARTING SALARY: \$ _____</p> <p>ENDING POSITION: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p> <p>ENDING DATE: _____</p> <p>ENDING SALARY: \$ _____</p>	<p>NAME AND TITLE OF LAST SUPERVISOR:</p> <p>_____</p> <p>REASON FOR LEAVING:</p> <p>_____</p>
<p>2. NAME AND ADDRESS OF EMPLOYER</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>PHONE () _____</p> <p>MAY WE CONTACT THE EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>STARTING POSTION: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p> <p>STARTING DATE: _____</p> <p>STARTING SALARY: \$ _____</p> <p>ENDING POSITION: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p> <p>ENDING DATE: _____</p> <p>ENDING SALARY: \$ _____</p>	<p>NAME AND TITLE OF LAST SUPERVISOR:</p> <p>_____</p> <p>REASON FOR LEAVING:</p> <p>_____</p>
<p>3. NAME AND ADDRESS OF EMPLOYER</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>PHONE () _____</p> <p>MAY WE CONTACT THE EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>STARTING POSTION: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p> <p>STARTING DATE: _____</p> <p>STARTING SALARY: \$ _____</p> <p>ENDING POSITION: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p> <p>ENDING DATE: _____</p> <p>ENDING SALARY: \$ _____</p>	<p>NAME AND TITLE OF LAST SUPERVISOR:</p> <p>_____</p> <p>REASON FOR LEAVING:</p> <p>_____</p>
<p>4. NAME AND ADDRESS OF EMPLOYER</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>PHONE () _____</p> <p>MAY WE CONTACT THE EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>STARTING POSTION: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p> <p>STARTING DATE: _____</p> <p>STARTING SALARY: \$ _____</p> <p>ENDING POSITION: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p> <p>ENDING DATE: _____</p> <p>ENDING SALARY: \$ _____</p>	<p>NAME AND TITLE OF LAST SUPERVISOR:</p> <p>_____</p> <p>REASON FOR LEAVING:</p> <p>_____</p>

REFERENCES

LIST THREE PERSONS WHO ARE FAMILIAR WITH YOUR PROFESSIONAL ABILITIES. OMIT RELATIVES.

NAME _____	NAME _____	NAME _____
ADDRESS _____	ADDRESS _____	ADDRESS _____
OCCUPATION _____	OCCUPATION _____	OCCUPATION _____
PHONE _____	PHONE _____	PHONE _____

TO BE READ AND SIGNED BY APPLICANT

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND AND AGREE THAT ANY MISREPRESENTATION OR OMISSION OF FACTS IN MY APPLICATION MAY BE JUSTIFICATION FOR REFUSAL TO HIRE, OR TERMINATION OF EMPLOYMENT.

I WARRANT THAT I AM NOT CURRENTLY A PARTY TO ANY AGREEMENT WHICH MAY LIMIT MY ABILITY TO PERFORM THE POSITION FOR WHICH I AM APPLYING.

I FURTHER UNDERSTAND THAT AN INVESTIGATIVE REPORT MAY BE MADE AS TO MY CHARACTER AND GENERAL REPUTATION. I AUTHORIZE ALL PAST EMPLOYERS, SCHOOLS, PERSONS AND ORGANIZATIONS HAVING RELEVANT INFORMATION OR KNOWLEDGE TO PROVIDE IT TO THE AKRON ZOOLOGICAL PARK OR ITS DULY AUTHORIZED REPRESENTATIVE, FOR ITS USE IN DECIDING WHETHER OR NOT TO OFFER ME EMPLOYMENT AND SPECIFICALLY WAIVE ANY REQUIRED WRITTEN NOTIFICATION. I HEREBY RELEASE EMPLOYERS, SCHOOLS, PERSONS AND ORGANIZATIONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION.

I AGREE THAT IF I AM EMPLOYED BY THE AKRON ZOOLOGICAL PARK, THE EMPLOYMENT WILL BE EMPLOYMENT AT WILL, AND EITHER I OR THE AKRON ZOOLOGICAL PARK MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME FOR ANY REASON WITHOUT NOTICE, AND THIS APPLICATION SHALL BE A PART OF MY TERMS OF EMPLOYMENT.

IN SIGNING THIS FORM, I CERTIFY THAT I UNDERSTAND ALL OF THE QUESTIONS AND STATEMENTS IN THE APPLICATION.

SIGNATURE OF APPLICANT

DATE